

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		05/15/01
O.I.P.E. CLASSIFIER	<i>[Signature]</i>		05/15/01
FORMALITY REVIEW	<i>[Signature]</i>	1074	07/12/01
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	1027	11-21-01

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/15/03
2	✓	✓	11/15/03
3	✓	✓	11/15/03
4	✓	✓	11/15/03
5	✓	✓	11/15/03
6	✓	✓	11/15/03
7	✓	✓	11/15/03
8	✓	✓	11/15/03
9	✓	✓	11/15/03
10	✓	✓	11/15/03
11	✓	✓	11/15/03
12	✓	✓	11/15/03
13	✓	✓	11/15/03
14	✓	✓	11/15/03
15	✓	✓	11/15/03
16	✓	✓	11/15/03
17	✓	✓	11/15/03
18	✓	✓	11/15/03
19	✓	✓	11/15/03
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23	✓	✓	11/15/03
24	✓	✓	11/15/03
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27	✓	✓	11/15/03
28	✓	✓	11/15/03
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99	✓	✓	11/15/03
100	✓	✓	11/15/03

Claim	Final	Original	Date
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102	✓	✓	11/15/03
103	✓	✓	11/15/03
104	✓	✓	11/15/03
105	✓	✓	11/15/03
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149	✓	✓	11/15/03
150	✓	✓	11/15/03

Claim	Final	Original	Date
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102	✓	✓	11/15/03
103	✓	✓	11/15/03
104	✓	✓	11/15/03
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148	✓	✓	11/15/03
149	✓	✓	11/15/03
150	✓	✓	11/15/03

If more than 150 claims or 10 actions  
staple additional sheet here